

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Annie's Auto Sales and Finance Corp  
BUSINESS STREET ADDRESS: 5555 SW 61st Ave, Davie, FL ZIP 33314  
BUSINESS MAILING ADDRESS: same ZIP \_\_\_\_\_  
BUSINESS PHONE: (954) 583-5898

DESCRIBE TYPE OF BUSINESS: mail/ phone transaction only in this location OFFICE

BUSINESS IS: Corporation ☒ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Jonathan Wu	5555 SW 61st Ave.,	Davie, FL 33314	(954)583-7557
2. _____	_____	_____	_____

Federal ID Number or Social Security Number \_\_\_\_\_

*I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2002, and must be renewed before October 1st.*

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Jonathan Wu, Pres

Print Owner or Officers Name and Title

JONATHAN WU  
Signature of Owner or Officer

Office Use Only: Date <u>7/15/02</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 _____ Fee <u>5513</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>1216956</u> Control # <u>14085</u> Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes, _____ No _____ Zoning Approval <u>Pat</u> Date <u>7/15/02</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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